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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PHUS020522
	First Named Inventor	VASANTH PHILOMIN
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPUTER VISION SYSTEM AND METHOD EMPLOYING ILLUMINATION
INVARIANT NEURAL NETWORKS**

the specification of which *(Title of the Invention)*

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or
Bar Code Label

24737



OR ☐ Correspondence address below

PATENT TRADEMARK OFFICE

Name

PHILIPS ELECTRONICS NORTH AMERICA CORPORATION

Address

P.O. BOX 3001

City

BRIARCLIFF MANOR

State

NEW YORK

ZIP

10510

Country

USA

Telephone

(914) 332-0222

Fax

(914) 332-0615

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Vasanth

Family Name
or Surname

PHILOMIN

Inventor's
Signature

[Handwritten Signature]

Date

12-12-2003

~~Stolberg~~

Residence: City

[Handwritten Signature]

State

Germany

Country

India

Citizenship

Auf Der Hoehe 9

Mailing Address

Stolberg

City

State

52223

Zip

Germany

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Srinivas

Family Name
or Surname

GUTTA

Inventor's
Signature

Date

Residence: City

Eindhoven

State

The Netherlands

Country

India

Citizenship

Penelopestraat 227

Mailing Address

Eindhoven

City

State

Zip 5631 CN

The Netherlands

Country



Additional inventors are being named on the 1/1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Miroslav		TRAJKOVIC	
Inventor's Signature		Date	
Residence: City	Coram	State	New York
		Country	USA
Citizen ship	Yugoslavia		
Mailing Address 5105 Townhouse Drive			
Mailing Address			
City: Coram	State NY	ZIP 11727	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizen ship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizen ship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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10/538206

Rec'd PCT/PTO 09 JUN 2005

PTO/SB/02B-03-01
Approved for use through 10/31/2002. OMB 0581-0682

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**DECLARATION FOR UTILITY OR
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PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **PHUS020522**
First Named Inventor **VASANTH PHILOMIN**

COMPLETE IF KNOWN

Application Number /
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

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**COMPUTER VISION SYSTEM AND METHOD EMPLOYING ILLUMINATION
INVARIANT NEURAL NETWORKS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

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Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	X Customer Number or Bar Code Label	*24737*		OR	<input type="checkbox"/> Correspondence address below
PATENT TRADEMARK OFFICE					

Name PHILIPS ELECTRONICS NORTH AMERICA CORPORATION			
Address P.O. BOX 3001			
City BRIARCLIFF MANOR	State NEW YORK	ZIP 10510	
Country USA	Telephone (914) 332-0222	Fax (914) 332-0615	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Given Name (first and middle [if any])	Family Name or Surname		
Vasanth	PHILOMIN		
Inventor's Signature			
Date			
Stolberg Residence: City	State	Germany Country	India Citizenship
Auf Der Hoehe 9 Mailing Address			
Stolberg City	State	52223 Zip	Germany Country

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	Family Name or Surname		
Srinivas	GUTTA		
Inventor's Signature			
Date			
Residence: City Eindhoven NLX	State	The Netherlands Country	India Citizenship
Penelopestraat 227 Mailing Address			
Eindhoven City	State	Zip 5631 CN	The Netherlands Country

☒ Additional inventors are being named on the 1/1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Miroslav		TRAJKOVIC	
Inventor's Signature		Date	
Residence: City Coram	State New York	Country USA	Citizen ship Yugoslavia
Mailing Address 5105 Townhouse Drive			
Mailing Address			
City: Coram	State NY	ZIP 11727	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
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PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number **PHUS020522**

First Named Inventor **VASANTH PHILOMIN**

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

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OR

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[Page 1 of 2]

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PATENT TRADEMARK OFFICE

Name

PHILIPS ELECTRONICS NORTH AMERICA CORPORATION

Address

P.O. BOX 3001

City

BRIARCLIFF MANOR

State

NEW YORK

ZIP

10510

Country

USA

Telephone

(914) 332-0222

Fax

(914) 332-0615

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Vasanth

(first and middle [if any])

Family Name

PHILOMIN

or Surname

Inventor's
Signature

Date

Stolberg

Residence: City

State

Germany

Country

India

Citizenship

Auf Der Hoehe 9

Mailing Address

Stolberg

City

State

52223

Zip

Germany

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Srinivas

(first and middle [if any])

Family Name

GUTTA

or Surname

Inventor's
Signature

Date

Residence: City

Eindhoven

State

The Netherlands

Country

India

Citizenship

Penelopestraat 227

Mailing Address

Eindhoven

City

State

Zip 5631 CN

The Netherlands

Country

☒ Additional inventors are being named on the 1/1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<div style="display: flex; align-items: center;"> Given Name (first and middle [if any]) </div>		Family Name or Surname	
Miroslav		TRAJKOVIC	
Inventor's Signature		Date	
<div style="display: flex; align-items: center;"> </div>		<div style="display: flex; align-items: center;"> </div>	
Residence: City	Coram NY	State	New York
		Country	USA
Mailing Address			
5105 Townhouse Drive			
Mailing Address			
City: Coram	State NY	ZIP 11727	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizen ship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizen ship
Mailing Address			
Mailing Address			
City	State	Zip	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Koninklijke Philips Electronics N.V.

Application No./Patent No.: _____ Filed/Issue Date: Concurrently

Entitled: COMPUTER VISION SYSTEM AND METHOD EMPLOYING ILLUMINATION INVARIANT NEURAL NETWORKS

Koninklijke Philips Electronics N.V., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or

2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

6/8/05

Date

(914) 333-9665

Telephone number

GREGORY L. THORNE, Reg. 39,398

Typed or printed name

Gregory L. Thorne

Signature

Sr. Intellectual Property Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/538206
Rec'd PCT/PTO 09 JUN 2005

PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24737

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24737

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

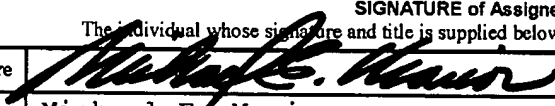
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	14 January 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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BEST AVAILABLE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

VASANTH PHILOMIN ET AL

US020522

Serial No.

Filed: CONCURRENTLY

Title: COMPUTER VISION SYSTEM AND METHOD EMPLOYING ILLUMINATION
INVARIANT NEURAL NETWORKS

Commissioner for Patents
Alexandria, VA 22313

APPOINTMENT OF ASSOCIATES

Sir:

The undersigned Attorney of Record hereby revokes all prior appointments (if any) of Associate Attorney(s) or Agent(s) in the above-captioned case and appoints:

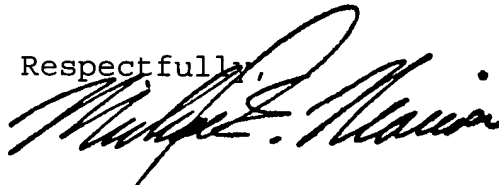
GREGORY L. THORNE

(Registration No. 39,398)

c/o U.S. PHILIPS CORPORATION, Intellectual Property & Standards,
345 Scarborough Road, P.O. Box 3001, Briarcliff Manor, New York
10510, his Associate Attorney(s)/Agent(s) with all the usual powers to prosecute the above-identified application and any division or continuation thereof, to make alterations and amendments therein, and to transact all business in the Patent and Trademark Office connected therewith.

ALL CORRESPONDENCE CONCERNING THIS APPLICATION AND THE LETTERS PATENT WHEN GRANTED SHOULD BE ADDRESSED TO THE UNDERSIGNED ATTORNEY OF RECORD.

Respectfully,



Michael E. Marion, Reg. 32,266
Attorney of Record

Dated at Briarcliff Manor, New York
this 7th day of June, 2005.